

**Montana WIC Program
Civil Rights Complaint Form**



Participant Name: _____

Address: _____

Telephone Number: _____

Nature of Complaint: _____

Market or Farmer Name (if applicable): _____

Witness Name: _____

Witness Contact Information: _____

Local WIC Program: _____

Does the participant believe discrimination occurred based on:

☐ race

☐ color

☐ national origin

☐ age

☐ disability

☐ sex

Date(s) when the alleged discrimination occurred: _____

Montana WIC Program
1400 Broadway, Cogswell Building C305
Helena, MT 59620
1-800-433-4298

USDA, Director
Office of Adjudication and Compliance
1400 Independence Avenue, SW
Washington, D.C. 20250-9410